

Investigation of Air-dispersed Pulmonary Agents

Texas Department of Health, Infectious Disease Epidemiology and Surveillance Division
Austin, Texas (512) 458-7676 Fax (512) 458-7616

P A T I E N T I N F O	Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Last) (First) (MI) </div> Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Street) (City) </div> <div style="display: flex; justify-content: space-between; width: 100%;"> (County) (State) (Zip Code) (Phone #) </div> DOB: _____ Age: _____ Sex: _____ Race: _____ (W = White, H = Hispanic, B = Black, I = Am Indian, A = Asian, O = Other)																																																																																																																																																																																																																																																																																																																																																																																
C O U N T Y E	Date onset: ____/____/____ Time: _____ AM PM Hosp? YES NO Date admit: ____/____/____ Admit diag: _____ Which hospital? _____ Died? YES NO Date death: ____/____/____ Time: _____ AM PM Att. Physician: _____ (_____) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Name) (Phone) </div>																																																																																																																																																																																																																																																																																																																																																																																
S I G N S & S Y M P T O M S	Vitals on admission: Temperature: _____ °F BP: _____ / _____ Pulse: _____ Resp: _____ Most extreme vitals: Temperature: _____ °F BP: _____ / _____ Pulse: _____ Resp: _____																																																																																																																																																																																																																																																																																																																																																																																
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LABS	Date	Test	Results						Date	Test	Results												
		WBC								Bilirubin													
		Diff	%bands			%PMNs				SGOT													
		Platelets								SGPT													
Chest X-Ray: YES NO If yes, describe:																							
EPIDEMIOLOGY	<p>In this section, begin by filling in the dates on the top row of the calendar. Start with two weeks ago and number up to today. Use the calendar to indicate (X) places the patient has been in the past two weeks (other than at home).</p> <p>Second residence (address): _____</p> <p>Place of work 1: _____ Shift: _____ %time outdoors: _____.</p> <p>Place of work 2: _____ Shift: _____ %time outdoors: _____.</p> <p>Record days of traveling including destinations and method of travel. As much as possible, record instances in the past two weeks where the patient was around a lot of people that he/she doesn't know. This includes stores, bus stations, parks, sports stadiums, theaters, concerts, churches and other such public situations. Please include an approximate address or place name:</p> <p>Travel 1: _____ Travel 2: _____.</p> <p>Event 1: _____ Event 2: _____.</p> <p>Event 3: _____ Event 4: _____.</p> <p>Event 5: _____ Event 6: _____.</p>																						
	CALENDAR	date for the past two weeks →																					
		Day of the Week	S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa
		Residence 2																					
		Work 1																					
		Work 2																					
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	Event 3																						
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CONTACTS	<p>Any acquaintances of patient with similar symptoms? YES NO If yes, describe:</p> <p>List animals the patient has had contact with in the past two weeks. Circle any that were ill. Put a line through any that died:</p>																						